



HOME Tenant Based Rental Assistance

Verification of Guardianship and/or Payee

To Whom It May Concern:

The Department of Community Affairs operates a Tenant Based Rental Assistance for persons with disabilities. In some cases our applicants are assisted with services provided by a guardian or a payee.

This form is to verify those legal and financial arrangements so DCA staff will be able to assist our clients quickly in accessing the services of the TBRA program.

Please complete the information below for the following TBRA application:

Name of Applicant: _____ SS# _____ DOB: _____

The person listed above has a legal **Guardian** that manages all the legal matters for this person including all housing related decisions. Please provide us with the contact information for the guardian.

Name of Guardian: _____

Relationship: (Public Administrator, family member, other) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The person listed above has a legal **Payee** that manages the day-to-day financial matters for this person including all payment of bills. Please provide us with the contact information for the Payee.

Name of Payee: _____ Agency: _____

Relationship: (Court Appointed, Family Member, other) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.